

UNITED STATES DISTRICT COURT  
for the  
DISTRICT OF MASSACHUSETTS

FILED  
IN CLERKS OFFICE  
2019 JUL 12 PM 4:21  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

PAUL JONES

*Plaintiff*

v.

Civil Action No.:  
1:19-CV-11093-ADB

MONTACHUSETTS REGIONAL TRANSIT  
AUTHORITY, ET AL.

*Defendant*

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

HB Software Solutions, Inc  
1075 Westford, St  
Lowell, Ma 01851

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Paul Jones  
572 Park St  
Stoughton, Ma 02072

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ — Miguel Lara

Signature of Clerk or Deputy Clerk



Civil Action No.: 1:19-CV-11093-ADB

## **PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) AB Software Solutions, Inc  
was received by me on (date) May 15, 2019

- I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_  
on (date) \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_  
, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) Himan Shu Bhatnagar <sup>REGISTERED</sup>, who is  
designated by law to accept service of process on behalf of (name of organization)  
HB Software Solutions Inc on (date) 07/05/19; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other (specify) :

My fees are \$ 0 for travel and \$ 11.00 for services, for a total of \$ 11.00.

I declare under penalty of perjury that this information is true.

07/05/19  
Date

Lynn M. Wallen  
\_\_\_\_\_  
\_\_\_\_\_  
Server's Signature

Liana Williams  
Printed name and title

12 Westminister Ave, Rox, MA 02119  
Server's Address

**Additional information regarding attempted service, etc:**

TROPICAL STORM THREATENS GULF COAST. SEE IMPACTS TO USPS OPERATIONS IN YOUR ...

# USPS Tracking®

[FAQs > \(https://www.usps.com/faqs/uspstracking-faqs.htm\)](https://www.usps.com/faqs/uspstracking-faqs.htm)

[Track Another Package +](#)

**Tracking Number:** 70151520000018143840

[Remove X](#)

**Expected Delivery on**

**TUESDAY**

**9** JULY  
2019 i by  
**8:00pm** i

 **Delivered**

July 9, 2019 at 11:10 am  
Delivered, Front Desk/Reception/Mail Room  
LOWELL, MA 01851

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**Can't find what you're looking for?**

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Himan Shu Bhatnagar  
1075 Westford St  
Lowell, MA 01851



9590 9403 0413 5163 4966 74

## 2. Article Number (Transfer from service label)

7D151520000018143840

PS Form 3811, April 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

 X

- Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7-9

- D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

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If YES, enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

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